Replaces VHA Directive 10-95-097

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE 97-024

May 9, 1997

HOME IMPROVEMENT AND STRUCTURAL ALTERATIONS PROGRAM (HISA)

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides guidance for furnishing Home Improvement and Structural Alterations (HISA) Program services to eligible veterans.

2. BACKGROUND

a. Public Law (Pub. L.) 94-581, The Veterans Omnibus Health Care Act of 1976, amended Title 38 United States Code (U.S.C.) to extend the home health services authority to include home improvements and structural alterations which were necessary to ensure the continuation of treatment or provide access to the home or to essential lavatory and sanitary facilities. Pub. L. 102-405 increased the lifetime benefits limitation for service-connected veterans HISA benefits from $2,500 to $4,100 and non service-connected veterans HISA benefits from $600 to $1,200 and made payments retroactive to January 1, 1990. Pub. L. 104-262 made further changes to the HISA benefit as codified in 38 U.S.C. Section 1717.

b. On September 29, 1995, the Under Secretary for Health transferred administrative responsibilities for the HISA program from Medical Administration Service (MAS) to the Prosthetic and Sensory Aids Service (PSAS). The Under Secretary for Health requested the Office of Inspector General (OIG) conduct an audit to determine if the financial and management oversight of the HISA program was adequate.

c. In September 1996, the OIG completed its Audit of the HISA Program. The audit included HISA payments authorized during the period October 1, 1990 through March 31, 1996. Site visits were conducted at six Department of Veterans Affairs (VA) medical centers and questionnaires were sent to 167 remaining VA medical centers. The data gathered formed the recommendations that are necessary to better manage the HISA Program. OIG worked closely with the Chief Consultant, PSAS Strategic Healthcare Group, and staff to formulate needed changes to the program. The OIG felt that the transfer of program responsibility to PSAS may result in better service to veterans eligible for the HISA Program, since the duties and responsibilities are so closely related.

3. POLICY: The HISA Program must be conducted in accordance with the guidance set forth in this VHA Directive.

4. ACTION

a. Veterans Integrated Services Networks (VISNs) and VA medical centers must ensure adequate funding is made available to provide necessary HISA benefits to the following categories of eligible veterans when medically determined to be necessary or appropriate for the

continuation of treatment or to provide access to the home or to essential lavatory or sanitary facilities.

b. Veterans receiving treatment from the VA under the auspices of 38 U.S.C. Section 1710 are eligible for HISA benefits as follows:

(1) $4,100 lifetime HISA benefit when necessary for a:

(a) Service-connected condition.

(b) Non service-connected condition of a veteran rated 50 percent or more service-connected.

(c) Non service-connected condition of a veteran in receipt of 38 U.S.C. Section 1151 benefits.

(2) $1,200 lifetime HISA benefit when necessary for treatment of a non service-connected condition of veterans who are:

(a) Rated less than 50 percent service-connected.

(b) Discharged or released from active duty for a compensable disability.

(c) Former prisoners of war, veterans of the Mexican Border period or World War I.

(d) Unable to defray the expenses of necessary care as determined under 38 U.S.C. Section 1722(a).

(e) Eligible for benefits under 38 U.S.C. Section 1710(a)(2)(F) and (e), due to exposure to a toxic substance, radiation, or an environmental hazard.

c. Veterans who are required to pay a copayment for their care are not eligible for HISA benefits due to limitations contained in Pub. L.104-262, The Veterans Health Care Eligibility Reform Act of 1996.

d. Improvements and structural alterations chargeable against the veterans' cost limitations include, but are not restricted to:

(1) Roll-in showers.

(2) Construction of wooden or concrete permanent ramping to gain access to home.

(3) Widening doorways to bedroom, bathroom, etc. to achieve wheelchair access.

(4) Lowering of kitchen or bathroom counters and sinks.

(5) Improving entrance paths and driveways in immediate area of the home to facilitate access to the home.

(6) Construction of concrete pads and installation of electrical wiring when necessary for installation of exterior types of wheelchair lift mechanism if installation cost is over $500.

(7) Interior and exterior railing deemed necessary for patients with ambulatory capability or for veterans rated legally blind, if installation cost is over $500.

(8) Improvements to plumbing or electrical systems made necessary due to installation of dialysis equipment in the home.

e. Improvements and/or structural alterations which are <u>not</u> chargeable to veterans' HISA limitation:

(1) Exterior decking (in excess of 6'x 6' or area necessary to accommodate wheelchair access).

(2) Construction of pathways to exterior buildings such as barns or workshops.

(3) Widening driveways (in excess of 6' x 6' or area necessary to accommodate wheelchair and van lifts).

(4) Installation of Spa's, hot tubs, or Jacuzzi-type tubs.

(5) Minor installation fees (under $500) made necessary to install removable equipment such as lifts and railing. ***NOTE:*** *These fees are chargeable as a PSAS item and not HISA.*

(6) Purchase of removable equipment or appliance such as hand rails, porch lifts, and stair glides. ***NOTE:*** *These removable items are chargeable as a PSAS item and not HISA.*

(7) Projects which would duplicate services previously provided by the Veterans Benefits Administration (VBA) Specially Adapted Housing (SAH) grant such as central air conditioning and roll-in showers.

(8) Installation of home security systems (does not meet definition of providing accessibility or ensuring the continuation of treatment).

(9) Routine repairs done as part of regular home maintenance, e.g., replacing roofs, furnaces, air conditioner, etc.

(10) Remodeling of existing bathrooms or building of new bathrooms except for the items allowed under subparagraph 4d.

f. All VA medical care facilities will take the following action to ensure compliance with OIG recommendations:

(1) Actively publicize the HISA Program to identify eligible veterans and inform them of their benefits.

(2) Publish local VA medical center policy memorandum to inform staff, Veterans Service Organizations (VSOs), and veterans of the procedures to follow to obtain HISA benefits.

(3) Establish a local HISA benefits committee with a physician appointed as Chairman.

(a) The Chief, PSAS, or the Director's designee, serves as the coordinator of the committee and, at most VA medical centers, serves as the veteran's contact point.

(b) The rest of the committee will consist of such staff physicians, therapists, nurses, social workers, patient representatives, and VSO's as deemed necessary.

(c) All HISA committee members will familiarize themselves with the provision of M-1 Part I, Chapter 16, and this directive.

(d) To prevent a duplication of SAH benefits, each local HISA committee will review the provisions of SAH benefits to familiarize themselves with the minimum requirements of SAH benefits.

(e) Each new HISA applicant is to be screened as to prior SAH usage to avoid any duplication of benefits; e.g., SAH provision of accessible bathroom would eliminate future need for bathroom modifications, central air conditioning provided under SAH cannot be replaced under HISA, etc.

(f) Verification of each HISA transaction will be forwarded to the VA Regional Office where the veterans claim folder is maintained for the purpose of SAH comparison.

(g) HISA Committees will review HISA claims from January 1, 1990 to November 1992, to determine and reimburse those veterans eligible for retroactive reimbursement under the provision of Pub. L. 102-405.

(4) All HISA transactions must have prior approval with payment to the contractor and will be recorded via the PSAS Decentralized Hospital Computer System (DHCP) package. Entries will be made and maintained in the veterans electronic VA Form 10-2319, Record of Prosthetic Service. No payments will be made to the veteran except those eligible for the retroactive benefits in Pub. L. 102-405. Written confirmation (signed invoice by the veteran) must be obtained before any payment is processed.

(5) A 90-day time limit will be placed on all approved transactions. Follow-up on the approved projects as to the status will be the responsibility of the Chief, PSAS, or designee. If the project is canceled for any reason (i.e., death of veteran, relocation, etc.) all funds obligated will promptly be deobligated.

g. HISA Program costs will be posted to the Medical Care Appropriation, Cost Center 8601. Accounting Classification Code (ACC) 0100410V6 will be used for service-connected veterans and ACC 0100410V9 for non service-connected veterans.

h. Monitoring of HISA Program costs will be the responsibility of the Chief Consultant, PSAS Strategic Healthcare Group (113), to ensure appropriate funding and usage of HISA benefits.

5. REFERENCES

a. Pub. L. 94-581.

b. Pub. L. 102-405.

c. Pub. L. 104-262.

d. Title 38 U.S.C. Section 1717.

e. VHA Manual M-2, Part IX.

f. VHA Manual M-1, Part I, Chapter 16.

6. FOLLOW UP RESPONSIBILITY: Chief Consultant, PSAS Strategic Healthcare Group (113), is responsible for the contents of this Directive.

7. RESCISSIONS: VHA Directive 10-95-097 is rescinded. This VHA Directive expires on May 9, 2002.

S/ by Mike Hughes for
Kenneth W. Kizer, M.D., M.P.H.
Under Secretary for Health

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